

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

New Millenium PAC

ADDRESS (number and street)

P.O. Box 632

(Check if address  
is changed)

Union City

NJ

07087

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

newmillpac@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

M M  
0 2/ D D  
0 2/ Y Y Y Y  
2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00349233

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Abraham Antun

Signature of Treasurer

Electronically Filed by Abraham Antun

Date

M M  
0 2/ D D  
0 2/ Y Y Y Y  
2 0 0 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
Candidate

Candidate  
Party Affiliation

Office  
Sought:

1

House

☐

Senate

☐

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

\_\_\_\_\_

- (d) ☐ This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.
- (e) ☐ This committee is a separate segregated fund
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

**6. Name of Any Connected Organization or Affiliated Committee**

None

A horizontal scale from 0 to 100. The word "None" is at the 0 mark, and the word "All" is at the 100 mark. The scale is marked with vertical tick marks every 10 units, with intermediate tick marks every 2 units.

Mailing Address

A horizontal number line with 20 tick marks, labeled from 1 to 20.

CITY STATE 

ZIP CODE ▲

Relationship

Type of Connected Organization:

1

Corporation

9

Corporation w/o Capital Stock

9

## Labor Organization

## Membership Organization

9

Trade Association

9

Cooperative

Write or Type Committee Name

**New Millenium PAC**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Abraham Antun**

Mailing Address **1305 Central Avenue**

**Union City** **NJ** **07087** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Abraham Antun**

Mailing Address **1305 Central Avenue**

**Union City** **NJ** **07087** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number - -

Full Name of Designated Agent **Abraham Antun**

Mailing Address **1305 Central Avenue**

**Union City** **NJ** **07087** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Lakeland Bank

Mailing Address

250 Oak Ridge Road

Oak Ridge

NJ

07438

CITY ▲

STATE ▲

ZIP CODE ▲